No. 300
10-48

FILED JUN 24 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 21156

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 4976

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St Louis 1
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 4032 a Evans.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE
b. COUNTY: 2 1 19
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St Louis 1 0
d. STREET ADDRESS (If rural, give location): 11 4032 a Evans

3. NAME OF DECEASED (Type or Print)
a. (First): Annie
b. (Middle):
c. (Last): Robertson

4. DATE OF DEATH (Month) (Day) (Year): June 2 1954

5. SEX: 3 Female
6. COLOR OR RACE: Col
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widow 2
8. DATE OF BIRTH: Dec 25, 1896
9. AGE (In years last birthday): 57 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours 4 Min. a.m.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Nil
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Miss 1
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Dave May
13b. MOTHER'S MAIDEN NAME: Amanda 1
14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Amanda Hall 4032 a Evans.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Mitral Incompetency — INTERVAL BETWEEN ONSET AND DEATH: 6 mos

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypertension — 2 yrs
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? H214

22. *I hereby certify that I attended the deceased from* Mar 3, 1954, *to* June 2, 1954, *that I last saw the deceased alive on* May 31, 1954, *and that death occurred at* 4 00 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): J. S. Jaques MD
23b. ADDRESS: 302 a S. Jefferson
23c. DATE SIGNED: June 5, 1954

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: June 7/54
24c. NAME OF CEMETERY OR CREMATORY: Booker Washington
24d. LOCATION (City, town, or county) (State): E. St Louis Ill

DATE REC'D BY LOCAL REG.: JUN 5 1954
REGISTRAR'S SIGNATURE: J. Earl Smith, MD
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: F. C. Green 4214 Delmar

EP (Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by ..... Student Embalmer No. ..... working under my personal supervision.

Student .....
Student Embalmer

Signed F. A. Green

Licensed Embalmer No. ~~4214~~ 2963

P. O. Address 4214 Delmar

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.